PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031

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	Application Number	10/669,991
TRANSMITTAL	Filing Date	24 September 2003
FORM	First Named Inventor	William J. KYTE
	Art Unit	1714
(to be used for all correspondence after initial filing)	Examiner Name	Peter A. SZEKELY
Total Number of Pages in This Submission 66	Attorney Docket Number	H1938-00036

ENCLOSURES (Check all that apply)				
V	Fee Transmittal Form	Drawing(s) After Allowance Communication to TC		
	Fee Attached	Licensing-related Papers Appeal Communication to Board of Appeals and Interferences		
	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): - Return Postcard		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
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Signature All III				
Printed name Cary D. Colby				
Date	123 June	2005 Reg. No. 40,961		
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Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number C& TRACE! Effective on 12/08/2004. Complete if Known to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/669.991 **FEE TRANSMIT** Filing Date 24 September 2003 For FY 2005 First Named Inventor William J. KYTE **Examiner Name** Peter A. SZEKELY Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1714 TOTAL AMOUNT OF PAYMENT (\$) 535Attorney Docket No. H1938-00036 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 04-1679 Deposit Account Name: Duane Morris LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) √ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity** Small Entity **Small Entity Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 200 Utility 150 500 250 100 200 Design 100 100 130 50 65 Plant 200 100 300 160 80 150 300 600 Reissue 150 500 250 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims **Multiple Dependent Claims Total Claims** Extra Claims x 25 Fee Paid (\$) - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Fee (\$) Indep. Claims **Extra Claims** 3 - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) / 50 = - 100 = ____ (round up to a whole number) x 0 Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: Extension for response within third month \$510

SUBMITTED BY Registration No. Telephone 215.979.1849 Signature 40.961 (Attorney/Agent) Date 23 Name (Print/Type) Gary D. Colby

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